## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

indicated unless correct maintenance fee notifica	ed below of directed off	ig the Patent, advance of the erwise in Block 1, by (a	rders and notification of a) specifying a new corre	maintenance fees v spondence address;	vill be ma ; and/or (t	tiled to the current o) indicating a sepa	correspondence ad rate "FEE ADDRI	idress as ESS" for
CURRENT CORRESPOND 67886	Fee	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.						
WOODLING, 9213 CHILLICO KIRTLAND, OI	I h Sta ado trai	Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.						
						·	(Deposit	or's name)
			_					Signature)
								(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORN	IEY DOCKET NO.	CONFIRMATION	NO.
10/543,175 TITLE OF INVENTION	03/14/2006 I: METHOD AND DEVI	CES FOR PRODUCING	Hans Wilfred Koops CORPUSCULAR RADI	ATION SYSTEMS		8283	7917	
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DU	E
nonprovisional	NO	\$1510	\$300	\$0		\$1810	04/28/200	)9
EXAMINER		ART UNIT	CLASS-SUBCLASS					
SOUW, BERNARD E		2881	250-492200	<del>-</del>				
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ol>			(1) the names of up t or agents OR, alternat (2) the name of a sing registered attorney or 2 registered patent att	printing on the patent front page, list a names of up to 3 registered patent attorneys ints OR, alternatively, a name of a single firm (having as a member a pared attorney or agent) and the names of up to stered patent attorneys or agents. If no name is no name will be printed.  1 WOODLING, KROST AND RUST 2 3				
PLEASE NOTE: Un	less an assignee is ident h in 37 CFR 3.11. Comp	ified below, no assignee	THE PATENT (print or ty data will appear on the T a substitute for filing ar	patent. If an assign assignment.			ocument has been	filed for
HANS WILFRIED PETER KOOPS			(B) RESIDENCE: (CITY and STATE OR COUNTRY) OBER RAMSTADT, GERMANY					
		categories (will not be p	•		or other private gro	oup entity Gov	ernment	
4a. The following fee(s) are submitted:  Issue Fee  Publication Fee (No small entity discount permitted)  Advance Order - # of Copies			b. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 233060 (enclose an extra copy of this form).					
	tus (from status indicate							
NOTE: The Issue Fee an	ns SMALL ENTITY state	uired) will not be accepte	b. Applicant is no lo					party in
interest as snown by the	records of the United Sta	ites Patent and Trademark	COffice.					
Authorized Signature				Date	FEBRUA	RY 5, 2009		
Typed or printed nameKENNETH L. MITCHELL			Registration No. 36873					
Box 1450, Alexandria, V Alexandria, Virginia 223	/irginia 22313-1450. DC 313-1450.	NOT SEND FEES OR	on is required to obtain or 1.14. This collection is e w depending upon the induce Chief Information Offic COMPLETED FORMS To spond to a collection of its	O THIS ADDRES	S. SEND	TO: Commissioner	for Patents, P.O. B	process) ring, and complete rce, P.O. ox 1450,